duration, that a considerable elasticity of the walls of the veins persists is shown in puerperal women, who often prior to delivery have varicose veins as thick as the finger, which only a few days after that event entirely subside. 3. It is possible that some effect may be exerted by the direct compression produced on the varix by the infiltration-swelling which results.

Whether the favourable results which in all these cases have been so striking will prove definitive cannot be decided, as sufficient time has not elapsed to allow of the cure being regarded as radical. At all events, so simple and harmless a method is well worthy of further trials; and Dr. Vogt has derived good results from its employment in other forms of phlebectasis, in varicocele, hæmorrhoids, and certain forms of angioma.—*Med. Times and Gaz.* May 11th, 1872.

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50. *M. Alphonse Guérin's Cotton-wadding Dressing for Wounds.*—This method, which was described in our No. for October, 1871, p. 561, seems to have met with much favour in France. M. Flaux, in an interesting article in the *Gazette des Hôpitaux*, Nos. 22 and 25, (*Med. Times and Gazette*, April 6, 1872) calls attention to its eminent applicability in military surgery. The experience at the St. Louis during the War of the Commune, carried on under very unfavourable circumstances, exhibited its great superiority in a remarkable manner. Success attended this treatment of the most complicated as well as the most simple wounds, prevention of purulent infection by the filtering action of the wadding being a chief cause of this. The simplicity, facility, and rapidity of this mode of dressing constitute its chief feature, several sheets of wadding and five or six strong rollers being all the apparatus required. The dressing is always applied or renewed elsewhere than in the impure air of the wards. After having washed the stump or wound with tepid water, to which carbolic acid or camphorated spirit has been added, M. Guérin cuts all the ligatures save the principal one close, and fills up the depths with small masses of cotton level with the surrounding parts. Wadding is then applied in sheets or rollers until the part is surrounded by a thick and voluminous cylindrical cuirass, which extends far beyond the limits of the wound. The limb and applied wadding being held by the assistants, the surgeon next applies a strong resisting bandage, twelve metres in length, in such a manner that after securing the proper adjustment of the wadding by its aid, he employs all the force he is master of in producing compression. However energetic or laborious this may be (never executing it with violence or jerks, however), the elasticity of the wadding renders it painless to the patient, and its being so is the test that a sufficiency of wadding has been applied. M. Guérin regards this "elastic compression" as one of the best elements in the treatment, preventing, as it does, abscess, purulent sinuses, induration, œdema, and other accidents. Under this compression, and in spite of the mass of wadding and bandage which surrounds it, the skin in the vicinity of the wound retains all its elasticity, supleness, and physiological properties. The dressing once applied, whatever may be the seat, extent, or gravity of the wound, *all pain is immediately suppressed;* and thus, protected by so substantial a covering, the patient can be carried or walk back to the ward without any inconvenience.

Another peculiarity of this mode of dressing is the rarity of its renewal, this only taking place at periods varying from twenty-five to forty days. At the end of two or three days there is usually some loosening of the bandage, which has to be remedied by the application of a new one, this usually rendering the whole solid enough until the time arrives for its removal. When any of the secretion oozes through the bandage, or air gains admission at its upper part, additional layers of wadding and a new bandage have to be applied. This is a rare occurrence, and is usually due to insufficient wadding having been employed, the bandage not being tight enough, or the meddling of the patient. The dressing is never removed before the twentieth day, and M. Guérin has always regretted when he has yielded to the impatience of the patient, only to find the wound proceeding rapidly towards a cicatrization that ought not to have been interrupted. No fetid odour attends the non-renewal of the dressing, and the slight smell of "old linen" which is sometimes present yields to the application of camphor or carbolic acid water. The removal of the dressing is performed out of the ward, and is speedily accomplished until arriving near the wound itself. Here gentleness is required, owing to a more or less firm adhesion that has become established between the cotton and the skin. Abundant washing in tepid water, to which camphorated spirit has been added, may then be required, or even immersion of the part. When the wound is exposed it is found to be granulating, the process of healing having been more rapid than under ordinary dressing. The amount of almost inodorous pus is usually small, even in extensive wounds, while in those of little extent it is usually absent. There are usually no traces to be found of the ligatures.

"Such," says M. Flaux, "is the dressing of M. A. Guérin. Of simple and rapid application, clean, solid, suppressing pain, and convenient for the patient —whose movements are by it rendered easy and without inconvenience—light, inodorous, and cheap, it requires after its application only intelligent surveillance unattended with fatigue. Then there is its seldomness, thus saving at the same time fatigue and suffering to the patient as well as to the surgeon, who, as in the late events, may often be overworked and at last exhausted by his labours. Finally, it is a shelter from purulent infection and the perils resulting from the overcrowding and vitiated air of a hospital. What other mode of dressing will allow of our no longer fearing this overcrowding so sadly inevitable in hospitals as they are now constructed? What other dressing would allow of our transporting to a distance with more facility and less anxiety and danger patients suffering from dangerous wounds?" He goes on to show how such advantages, great as they are in civil practice, are of tenfold importance in military surgery.

OPHTHALMOLOGY.

51. *Anæmia of the Optic Nerves treated by Galvanism.*—Mr. R. J. PYE-SMITH reports (*Brit. Med. Journ.*, May 18th, 1872) several cases of anæmia of the optic nerves (white optic disc) in males treated in Guy's Hospital, at the suggestion of Mr. Bader, to test the therapeutic value of galvanism in this affection.

"A battery of Daniell's elements was used, the electrodes terminating in small sponges soaked in warm water. The negative electrode being placed on the skin behind the ear, the positive electrode was applied to the closed eyelids of the same side, or to the brow. On closing the circuit with ten elements, the healthy eye perceived a round central illumination, generally described as about the size of a sixpence, or of the tip of the finger, irregularly circular, and of a blue tint. The impression lasted about five seconds, and then gradually faded away. On interrupting the circuit, a momentary flash was perceived over the entire field.[1] These effects were produced when the eyes were open, though more marked when they were shut. The modifications observed in the

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[1] In my own case, the defined illumination was placed somewhat to the temporal side of the field, and was accompanied by a less distinct and somewhat larger illumination in the centre of the field. These may perhaps represent the optic disc (well defined and to the temporal side) and the region of the yellow spot (central). That they are not due to the form of the electrodes, is shown by the fact that small V-shaped electrodes produced the same circular illumination. It may be mentioned that this illumination was not perceived by patients whose eyes had been excised; though one of three such patients experimented upon did perceive the flash over the entire field on interrupting the circuit, and all three of them perceived distinctly the flash over the entire field produced in healthy eyes on interrupting the circuit when passed in the opposite direction (*i. e.*, the negative electrode being on the eyelids). In one of these cases the eye had been completely excised seven years before.